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THE EFFECT OF PRIOR FAMILY PLANNING PARTICIPATION ON PRENATAL CARE USE AND LOW BIRTH WEIGHT

by

Denise J. Jamieson
Paul A. Buescher

ABSTRACT

Background and Purpose: This study assesses the effects of prior family planning participation on low birth weight and use of prenatal health services in a low-income population.

Methods: Records of North Carolina birth certificates for 1989 and 1990 were linked with records of family planning services received in North Carolina public health departments in order to compare rates of low birth weight between prenatal patients in health departments who did and did not receive family planning services in the two years before conception. Intermediate measures known to be related to poor birth outcomes were also examined, such as initiation into prenatal care, adequacy of prenatal care as determined by the Kessner Index, and birth interval.

Results: Pregnant women who had participated previously in family planning services were significantly more likely to have a birth-to-conception interval of greater than six months than those who did not participate. They were also more likely to receive early and adequate prenatal care and to be involved in prenatal WIC and maternity care coordination. In addition, the family planning participants were less likely to be under the age of 18 and less likely to deliver a low-weight baby than were the nonparticipants.

Conclusions: Family planning services should be promoted as a preventive measure to improve use of prenatal health services and birth weight, particularly among low-income women.

Denise Jamieson is a medical student at Duke University. This project was completed during her internship at the State Center for Health and Environmental Statistics in the Fall of 1991. An earlier version of this paper fulfilled part of her requirements for a master's degree in public health from the Department of Maternal and Child Health at the University of North Carolina.